



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
ACKNOWLEDGEMENT OF ASSIGNMENT

P.O. BOX 690
JEFFERSON CITY, MO 65102-0690

The undersigned bank acknowledges the above Assignment in the amount of Ten Thousand Dollars (\$10,000.00)/Twenty Five Thousand Dollars (\$25,000.00) and the interest of the State of Missouri in the deposit to which the Assignment refers. (Please circle amount.) The amount on deposit is now _____ Dollars (\$_____). The undersigned bank knows of no other claim against the account.

DATE	BANK NAME
BANK ADDRESS	
BY (SIGNATURE) ▶	TITLE

RELEASE OF ASSIGNMENT

Please take notice that the State of Missouri hereby releases and relinquishes all its right, title and interest in the account of _____ evidenced by account, passbook, certificate number(s) of your bank.

DIRECTOR, MISSOURI DEPARTMENT OF INSURANCE (SIGNATURE)

DATE